

THE STATE OF NEW HAMPSHIRE
Guardian ad Litem Board

GAL Form 11
9/15/07

SUPPLEMENTAL APPLICATION
for
RENEWAL, REINSTATEMENT or RECERTIFICATION

Instructions:

1. Applicants must submit both this Supplemental Application Form and the Application Form for Renewal, Reinstatement or Re-certification as well as all required supporting documentation and applicable fees.
2. Fill in all sections with the requested information. Applicant must fill in "NA," if question is not applicable
3. Attach additional sheets if necessary.

a. Full Name _____

b. Street Address of Applicant's Residence

c. Home Telephone Number _____

d. Other Telephone Numbers not listed elsewhere on this form or the Application for Renewal, Reinstatement or Re-Certification form _____ N/A ☐

e. Provide the following information about all (part- and full-time) employers, except current employer, since submitting the most recent application form. N/A ☐

Names of employers	Reason for leaving each employment

f. Since submission of the most recent application form, regardless of whether action was reversed or overturned on appeal, has applicant has ever

1. Been disbarred or ever suspended from practice of any profession?

Yes ☐ No ☐

2. Been reprimanded, censured, had certification, registration, or licensure in any profession revoked or otherwise been disciplined, sanctioned or disqualified from professional practice of any type by any professional organization or other entity supervising or overseeing a profession in this or any other jurisdiction?

Yes ☐ No ☐

3. Had his or her certification, registration, approval or appointment as a GAL in any jurisdiction revoked or suspended as the result of misconduct in the performance of his or her duties as a guardian ad litem or as the result of failure to be of good character?

Yes ☐ No ☐

4. Otherwise been disciplined, reprimanded or sanctioned for activity undertaken as a guardian ad litem?

Yes ☐ No ☐

- g. If any portion of question f. is yes, provide a **brief** summary, which includes: N/A ☐

1. A description of the facts giving rise to the action.
2. A description of the reason for such action, including whether it was claimed applicant engaged in misconduct in performance of his or her GAL duties or that applicant was not of good character.
3. The procedural history of the matter, including whether action was reversed or overturned on appeal.

- h. If the applicant answered Yes to Part G, "Professional Record and Ethics," Question 1 of the Application for Renewal, Reinstatement or Re-Certification form, specifically describe what information has changed and how. N/A ☐

- i. If the applicant answered Yes to any of Questions 2 – 10 under Part G, "Professional Record and Ethics," of the Application for Renewal, Reinstatement or Re-Certification form, and to the extent the following is not covered in those answers, give a **brief** summary which includes: N/A ☐

1. A description of the facts giving rise to each action, including dates and name of each entity that took each action.
2. A description of the reason for each such action
3. The procedural history of each matter.

- j. Has applicant ever been a defendant in any criminal proceeding or been charged with or arrested for any criminal matter in this or any other jurisdiction, which has not been annulled?

Yes ☐ No ☐

m. If the answer to question j. is Yes, provide the following information for each case or matter: N/A ☐

	Case 1	Case 2
Name & Docket # (or other identifying information)		
Jurisdiction & Name of Court (if any)		
Date Matter Initiated		
Each Offense Charged or for which arrested**		
Felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Misdemeanor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If misdemeanor, would or did conviction or guilty plea bring the total number of applicant's misdemeanors to more than two?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Involved Child or Incapacitated Adult as victim or intended victim?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Involved Domestic Violence as defined in RSA 173-B:1, I & IX (including attempt, conspiracy or solicitation to commit that offense) [For offenses outside NH, would offense constitute Domestic Violence as defined above (including attempt, conspiracy or solicitation to commit that offense), if committed in, or charged under the laws of, NH]?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Matter Still Pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**If offense or matter involved "attempt," "conspiracy," or "solicitation," also indicate the underlying offense.

Provide a procedural history of each case or matter, including whether there was a conviction or guilty plea and any appellate history of the matter.

- l. Does applicant know of any reason, other than a potential conflict of interest, why he or she should not be appointed as a guardian ad litem? Yes ☐ No ☐

If yes, provide an explanation of those reasons _____

m. Has the applicant ever been subject to a restraining order in this or any other jurisdiction?

Yes ☐ No ☐

If Yes, provide the following information

1. Name and docket number of the case_____

2. Jurisdiction and name of the court in which the matter was pending

3. Date the restraining order was issued_____

4. Description of the circumstances giving rise to the order

5. Procedural history of the case_____

6. Is the matter still pending? Yes ☐ No ☐

n. Has the applicant ever been held in contempt of court in this or any other jurisdiction?

Yes

☐ No ☐

If Yes, provide the following information

1. Name and docket number of the case_____

2. Jurisdiction and name of the court in which the matter was pending

3. Date of the contempt finding_____

4. Description of the circumstances giving rise to the finding of contempt

5. Procedural history of the case_____

6. Is the matter still pending? Yes ☐ No ☐

o. If the applicant answered Yes to Part I “References,” of the Application for Renewal, Reinstatement or Re-Certification form, provide the following information: N/A ☐

1. Identification of the recommendation at issue_____

2. Date recommendation was rescinded_____

3. Reason recommendation was rescinded_____

p. If not provided in connection with a prior application that resulted in certification, has applicant attached a completed “Log of Professional or Volunteer Experience” dealing with children or incapacitated adults?

Yes ☐ No ☐ ☐ NA (log was previously submitted)

q. Has applicant ever been subject to a report of child abuse or neglect in this or any other jurisdiction?

Yes ☐ No ☐

If Yes, provide the following information:

1. Jurisdiction in which report was issued_____

2. Date of the report_____

4. Description of the circumstances to which report related

4. Outcome of the matter, including whether report was determined founded

t. Has the applicant accepted at least one publicly funded case for each calendar year of the most recent certification? (*See 503.18*) Yes ☐ No ☐

If No, provide the reasons.

Signature Certification

I certify that

- The information provided by me on or in connection with the supplemental application form is to the best of my knowledge and belief, true, accurate and complete and the documentation provided in support of the application is a true and complete version of the documentation submitted;
- I acknowledge that the information provided on the supplemental application form and the documentation provided to support the application is public information except to the extent exempted from public disclosure pursuant to RSA 91-A, court order, RSA 490-C or orders issued thereunder;
- I also specifically acknowledge that any and all information submitted to the Board may be divulged by the Board to any potential appointing court as well as to other such entities or persons as provided by the GAL rules or other law, including the New Hampshire judicial branch family division;
- I further acknowledge that, pursuant to RSA 641:3, knowingly making a false representation on the supplemental application form is punishable as a misdemeanor.

Signature

Date

Print Name

Pursuant to RSA 641:3, false statements made on this form are punishable by law.